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Original Article

A COMPARATIVE STUDY OF THE *UTTARA BASTI* AND *MATRA BASTI* WITH *BALA TAILA* IN *PRASRAMSINI YONVYAPADA* W.S.R. TO UTERO-VAGINAL PROLAPSE

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ABSTRACT

Prasramsini Yonivyapada is Vata PradhanaPittajaYonivyapada in which woman suffers from Yoni Sransa, difficult labor and features of Pitta vitiation. On reviewing its feature it can be possibly considered as 1st and 2nd degree utero-vaginal prolapse which is highly prevalent clinical condition met in day to day gynecological practice especially among parous women. Present study was designed to establish an Ayurvedic way of management of Utero-vaginal prolapse. The treatment given was Snehana, Swedanafollowed by Basti (Uttara/Matra).

Aims and Objectives

Onceptual study of Prasramsini Yonivyapada and Utero-vaginal prolapse. To evaluate efficacy of Uttara Basti (uterine) with Bala Taila in Prasramsini Yonivyapada or Utero-vaginal prolapse. To study efficacy of Matra Basti with Bala Taila in Prasramsini Yonivyapada or Utero-vaginal prolapse. To compare the effect of Uttara Basti (uterine)and Matra Basti with Bala Taila in Prasramsini Yonivyapada or Utero-vaginal prolapse.

Material and Methods

40 Patients diagnosed with Prasramsini Yonivyapada (up to the 2nd degree of Utero-vaginal prolapse) were selected and randomly divided into two groups with 20 patients in each group. Patients in Group A were given Uttara Basti (uterine) with Bala Taila while Patients in Group B were given Matra Basti with Bala Taila. POP-Q was used for assessment criteria.

Results

Both the groups have shown statistically significant results in treatment of Prasramsini Yonivyapadaor utero-vaginal prolapse but Matra Basti with Bala Taila was found to be more effective.

KEYWORDS: Prasramsini Yonivyapada, Uttara Basti, Matra Basti, Prolapse & POP-Q

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INTRODUCTION

Female reproductive system as explained by *Ayurveda* consists of *Bhaga* (vulva), *BhagaShishnika*(clitoris), *Yoni* (used for vagina individually as well as for entire female reproductive system) and *Garbhashaya*(uterus). Disorders of reproductive system are compiled under *Yonivyapada*. These are the disorders or *Vyapada* which affect the reproductive system or *Yoni*. *Prasramsini Yonivyapada* is one of 20 *Yonivyapada* mentioned in *Ayurvedic*

classics.[1] It is explained in *Sushruta SamhitaUttartantra*38th chapter "*Yonivyapada PratishedhaAdhyaya*". *Acharya Sushruta* says that in this condition any irritation causes excessive vaginal discharges and its displacement, labor is also difficult due to abnormality of passage, other features of *Pitta* vitiation i.e. burning sensation etc. are also present. Although *Purvarupa* of the disease are not mentioned in texts but symptoms mentioned in *AntaramukhiYonivyapada*[2]which are *Yoni Shula* and *MaithunaAsahinshnuta*(dyspareunia) can be considered as *Purvarupa* of *Prasramsini Yonivyapada* as *Antarmukhi* can be considered as retoversion of uterus and uterus always undergo some sort of retoversion before descending down. *Lakshana* or *Rupa* of *Prasramsini Yonivyapada* given is *YoniSransana/Syandana*- Prolapse or displacement of *Yoni* /excessive discharges, *Duhaprasushcha* – difficult labor and Features of *Pitta* vitiation.[3]Considering all these facts *Prasramsini Yonivyapada* appears to be description of 1st and 2nd degree Uterine Prolapse.

The word prolapse means "falling out of place or slipping". Utero-vaginal prolapse is descent of the anterior vaginal wall, posterior vaginal wall, uterus (cervix), the vaginal apex, alone or in combination into or out of vaginal canal.[4]Pelvic organ support is maintained by complex interactions among the pelvic floor muscles, pelvic floor connective tissue, and vaginal wall. These work in concert to provide support to pelvic organs. Following factors are implicated in failure of this support as a whole, but none fully explain its pathogenesis. These include

- genetic predisposition
- loss of pelvic floor striated muscle support
- vaginal wall weakness, and
- Loss of connective attachments between the vaginal wall and the pelvic floor muscles and pelvic viscera.

Classification

Prolapse of the Anterior Compartment

This is the most common type of prolapse, and involves the bladder and /or urethra bulging into the vagina. Cystocele –The cystocele is formed by laxity of descent of the upper two thirds of the anterior vaginal walls.[5]Urethrocele – When there is laxity of the lower-third of the anterior vaginal wall, the urethra herniates through it. This may appear independently or usually along with cystocele and is called cysto-urethrocele.[6]

Prolapse of Posterior Compartment

This is when the lower part of the rectum bulges into the back wall of the vagina (which is referred as rectocele) and / or part of the small intestine bulges into the upper part of the back wall of the vagina(which is referred to as enterocele)

Prolapse of the Apical Compartment

Uterine prolapse- This occurs when the uterus (womb) drops or herniates into the vagina.

Symptoms

- Feeling of something coming out/down per vaginum (P/V).
- Backache or dragging pain in pelvis

- Urinary symptoms (in presence of cystocoele) - Difficulty in passing urine, Incomplete evacuation may lead to frequent desire to pass urine, Pain full micturition,Stress incontinence usually associated with uretherocele, Retention of urine may rarely occur
- Bowel symptoms (in presence of rectocele) - difficulty in passing stool. Patient has to push back posterior vaginal wall in order to complete evacuation of faeces[7]
- Excessive white or blood stained discharge per vaginum is due to associated vaginitis or decubitus ulcer
- Advanced stages may culminate in ulcers, which are thought to be caused by friction.

MATERIAL AND METHODS

40 Patients diagnosed with *Prasramsini Yonivyapada* (up to the 2nd degree of Utero-vaginal prolapse) after detailed clinical history and physical examination, were selected from the O.P.D. / I.P.D. department of *PrasutiTantra* and *StreeRoga*, Rishikul Campus, Haridwar. The study was conducted on randomly divided 2 group's i.e., 20 patients in each group. It was a randomized open clinical trial. Duration of studywas90 days

STUDY SCHEDULE

Group – A *Uttara Basti Group*

The patients of this group were given *Uttara Basti* with *Bala Taila*

Route - uterine

Dose - 3 ml-5ml with increasing dose

Duration –*Uttara Basti*was started on 6thday of menstrual cycle if the patient is of reproductive age and on the day of admission in menopausal women. Total 3 sittings were given each month. Each sitting comprises of 3 days *Uttara Basti* (uterine) followed by 3 days gap. This protocol was followed for 3 months. So total 9 sittings were conducted in each patient in which contain total 27 *Basti* were given

Group – B *Matra Basti* Group

The patient of this group were given *Matra Basti* with *Bala Taila*

Route – Per-rectum

Dose – 60 ml

Duration – *Matra Basti* was started on 6thday of each menstrual cycle in reproductive age group women and on the day of admission in menopausal women. *Matra Basti* was given continuously for 18 days each month. This protocol was followed for 3 months.

Procedure

The *Uttara Basti/ Matra Basti* procedure was given in 3 stages.

- *Purva Karma – Snehan,Swedan*
- *Pradhana Karma*- administration of*Basti(Uttara/Matra)*

- *Pashchata Karma*- tapping of sole buttocks legs etc.

Assessment Criteria

Effect of the therapies was compared before and after the treatment on the basis subjective and objective parameters associated with the disease.

Table 1

Subjective parameters	Objective Parameters
• Feeling of something coming out/down per vaginum • Backache or dragging pain in pelvis • Micturition disturbances • Bowel disturbances	Pelvic organ prolapse quantification scoring chart

Grading of Subjective Parameter

Scoring Pattern

Feeling of Something Coming Out/Down per Vaginum

Table 2

Feeling of Something Coming Out per Vaginum	BT	AT
Grade 0- No such feeling		
Grade 1-Feeling of something coming out/down P/V only in squatting position		
Grade 2- Feeling of something coming out/down P/V in standing position as well		
Grade 3- Feeling of something coming out/down P/V in lying down position as well		
Grade 4 – Persistent feeling of something coming out/down P/V		

Backache /Dragging Pain in Pelvis

Table 3

Onset	BT	AT	Severity	BT	AT
Grade 0-Not present			Not present		
Grade 1-On heavy work			Mild		
Grade2- On light household work			Moderate		
Grade 3- Persistant			Severe		

Micturition Disturbances

Table 4

Grade	Difficulty in Voiding Due to Prolapse	BT	AT	Frequency of Micturition	BT	AT
0	Not present			5-7 times		
1	Need of straining to void			8-10 times		
2	Change of position needed to start or complete voiding			11-15 times/day		
3	Manual reduction of prolapse needed to start or complete voiding			>15 times		

Bowel Disturbances

Table 5

Grade	Bowel Habit	BT	AT	Difficulty in Passing Due to Prolase	BT	AT
0	Regular			No difficulty		
1	Regular but not satisfactory			Need of straining		
2	Clears every 2nd or 3rd day			Change in position with straining		
3	Clears in >3 days(after intake of laxative)			Reduction of prolapse needed		

Objective Criteria: POPQ Scoring Chart

Table 6

Aa (-3cm to +3cm)	Ba (-3cm to +8cm)	C (-8cm to +8cm)
Gh (2cm)	Pb (3cm)	Tvl (10cm)
Ap (-3cm to +3cm)	Bp (-3cm to +8cm)	D (-10cm)

OBSERVATION AND RESULTS

It was observed that out of 40 patients included in the trial the highest incidence (35%) was found in age group of 36-45 years while least incidence 7.5% was seen in the age group of 16-25 years (Table 7)

Table 7: Age Wise Distribution

Age in Years	Total =40	
	No.	%
16-25	3	7.5%
26-35	12	30%
36-45	14	35%
>45	11	27.5%

Besides age maximum incidence were found in patients who were illiterate (52.5%) and in those who had vaginal deliveries at home (47.5%) (Table 8 and Table 9)

Table 8: Educational Status

S. NO	Educational Status	Total	
		No.	%
1.	Illiterate	21	52.5%
2.	Up to 5th class	1	2.5%
3.	8th passed	4	10%
4.	High school	1	2.5%
5.	Intermediate	5	12.5%
6.	Graduate	8	20%

Table 9: Mode of Delivery

Mode and place of Delivery	Total(N=40)	
	No.	%
FTND at home only	19	47.5%
FTND at hospital only	10	2.5%
FTND at home and hospital both	5	12.5%
FTND and LSCS both	2	5%
None (parity=0)	4	4

The information collected on the basis of observation was analyzed by appropriate statistical test. Test applied in subjective and objective parameters of intra group statistical datawere Wilcoxon signed rank test and paired 't- test 'respectively. Test applied in subjective and objective parameters of inter group statistical datawere Mann Whitney and unpaired t- test 'respectively.

Result based on Subjective Criteria

Table 10

Subjective Parameter	Group A		Group B	
	P Value	Effect	P	S
1. Something coming out p/v	<0.001	HS(highly-significant	<0.001	HS
Backache				
(a) onset	>0.05	NS(non-significant)	<0.001	HS
(b) severity	<0.05	S(significant)	<0.001	HS
Micturition Disturbation				
(a) voiding difficulty due to prolapse	>0.05	NS	>0.05	NS
(b) frequency of micturition	>0.05	NS	<0.01	VS(very-significant)
Bowel Disturbation				
(a) bowel habit	>0.05	NS	<0.001	HS
(b) Difficulty in passing stool due to prolapse	>0.05	NS	<0.001	HS

Result based on Objective Criteria of Both Groups

Table 11

Objective Criteria	Group A		Group B	
	P	S	P	S
Aa	<0.001	HS	<0.001	HS
Ba	<0.001	HS	<0.001	HS
C	<0.001	HS	<0.001	HS
Gh	>0.05	NS	>0.05	NS
Pb	>0.05	NS	>0.05	NS
Tvl	>0.05	NS	>0.05	NS
Ap	<0.001	HS	<0.001	HS
Bp	<0.001	HS	<0.001	HS
D	>0.05	NS	>0.05	NS

Comparison between Group A and B: Subjective Parameters

Table 12

Subjective Parameter	P Value	S
Something coming out p/v	>0.05	NS
Backache		
(a) onset	<0.01	VS
(b) Severity	<0.05	S
Micturition disturbances		
(a) Difficulty in voiding due to prolapse	>0.05	NS
(b) Frequency of micturition	>0.05	NS
Bowel disturbances		
(a) Bowel habit	>0.05	S
(b) Difficulty in passing stool due to prolapse	<0.01	VS

Comparison between Group A and Group B: Objective Parameters

Table 13

Objective Parameter	P Value	S
Aa	>0.05	NS
Ba	>0.05	NS
C	>0.05	NS
Gh	>0.05	NS
Pb	>0.05	NS
Tvl	>0.05	NS
Ap	>0.05	NS
Bp	>0.05	NS
D	>0.05	NS

Table 1: Overall Effect of Treatment in Both Groups

Table 14

Effect	% Effect	Group A		Group B		Total	
		N=20	%	N=20	%	N=40	%
Unchanged	<25%	3	15%	1	5%	4	10%
Mild improvement	25% to <50%	7	35%	5	25%	12	30%
Moderate improvement	50% to <75%	4	20%	2	10%	6	15%
Marked improvement	75% to <100%	3	15%	7	35%	10	25%
Completely cured	100%	3	15%	5	25%	8	20%

DISCUSSIONS

Age

In the current study maximum i.e. 35% of patients belong to 36-45 years of age group. Tissue of pelvis possess estrogen receptor and as with advancing age there occur atrophy and decrease in estrogen levels, pelvic organs, ligaments and other supports lose their tone and elasticity, contributing to prolapse.

Mode and Place of Delivery

Maximum number of women in this study (47.5%) was those who had vaginal deliveries at home. As vaginal delivery alone is the most important predisposing factor in producing prolapse, along with this home delivery by unskilled persons and non-medical staff further worsen the condition and cause more injury due to improper guidance.

Backache

Maximum number of patient 47.5% were having mild degree of backache (55%patients in group A and 40% in group B) Either mild or moderate backache was present in all the patients So it can be concluded that prolapse start for majority of patients with backache and can be said prodromal symptom of the disease.

Bowel Disturbances

Bowel habit of most of the patient were constipated i.e., 55% (40% in group A 50% in group B Constipation was a major etiological factor in this study as straining increase intra-abdominal pressure further leading to prolapse.

Something Coming out per Vaginum

In both groups there was highly significant (p value <0.001) effect of treatment in complain of something coming out per vaginum. Both treatment therapies had almost equal effect on this symptoms p value for comparative effect was insignificant. Both the therapies may have strengthen the pelvic organs with supporting structures helping them to regain their elasticity and tone thus helping in relieving the feeling of something coming out per vaginum.

CONCLUSIONS

Based on the detailed conceptual description, it can be concluded that main cause of *PrasramsiniYonivyapada* is *Vata Pradhana Pitta Dosha*. Main etiological factor clinically found involved in Utero-vaginal prolapse in present study was vaginal delivery at home by non-skilled people. Constipation is a major aggravating factor for prolapse as daily straining to pass stool worsen the condition manifolds. *Uttara Basti* and *Matra Basti* show statistically significant results in almost all parameters of the study. Though both the groups have shown statistical significant result but on comparison of both the groups insignificant result was observed means both the groups have almost equal results, but on the basis of percentage of patients improved in overall result Group B was found to have better results in treating *Prasramsini* than group A.

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